

Filing a Claim with the City of Boston

Please follow the procedures listed below to file a claim with the City of Boston. If you incurred damages or injuries caused by roadway and sidewalk defects or potholes within city limits, seeking a reimbursement or were involved in a collision with a vehicle owned or leased by the city, you **must** complete attached **Notice of Claim Form**.

Your claim must include the following items:

- a. Detailed Explanation of damages or injuries suffered.
- b. Exact Location of Incident
- c. Date of Incident
- d. A **\$5.00 Filing Fee** as stipulated by Chapter 13 of the Ordinances of 1981.
(Money Order **ONLY** made payable to the City of Boston)

Items that may be included with your claim:

- a. Itemized estimate of damages and/or receipts
- b. Copy of Police Report if applicable
- c. Copy of medical bills for personal injuries
- d. If estimate of repairs is over \$500, a second estimate may be required

► All claims for sidewalk, roadway or pothole incidents **MUST** be filed within **thirty (30) days** of the date of the incident per the Statute of Limitations Law, M.G.L. Chapter 84.

► All claims involving city owned or leased vehicles or personal injuries **MUST** be filed within **two (2) years** of the date of the incident per the Statute of Limitations Law, M.G.L. Chapter 258.

► The Office of the City Clerk will **NOT** process claims filed after the statute of limitation dates or without the \$5.00 filing fee.

The City Clerk is ONLY responsible for the filing of your claim and has no further involvement once it is forwarded to the City's Law Department.

The City's Law Department requires sufficient time to complete an investigation of your claim. Compensation is paid only if the City of Boston is found liable. To preserve your rights, if the City does **NOT** pay your claim, you may pursue your matter in the appropriate state court within **three (3) years** from the date of the incident.

All subsequent inquiries about your claim must be directed to the Law Department at 617-635-4034 or 617-635-4071.

Time Stamp

City of Boston Notice of Claim

Important Notice: There is a thirty day (30) statute of limitations (MGL Chapter 84) from the date of the defected sidewalk/roadway incidents and a two year (2) statute of limitations (MGL Chapter 258) from the date of the motor vehicle accident to file a Notice of Claim related to these incidents. Claims must be filed in the Office of the City Clerk, prior to the statute of limitation dates. Your claim will be rejected by the Law Department if it arrives after the statute dates. Please seek legal advise if you have any questions regarding these statues.

(Please Print All Information)

Type of Claim: (check one) **Vehicle Accident:** ☐ **Road/Sidewalk Defect:** ☐ **Other:** ☐

Claimant(s) Name	
(last)	(first)
(last)	(first)

Street Address:

City/State/Zip Code:

Telephone Number: (daytime)

Attorney / Insurance Company (if applicable)	
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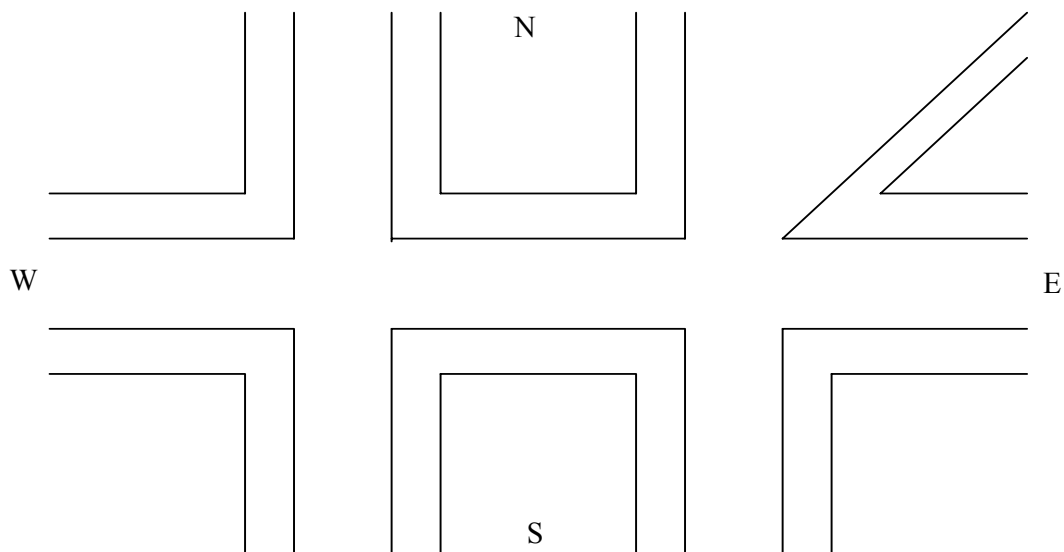
Street Address:

City/State/Zip Code:

Date & Time of Incident: a.m. / p.m.

Location of Incident: _____

If applicable, please use the following directional diagram to describe the actual location of the sidewalk/roadway defect or place of injuries, resulting from **defects only**. Please fill in the following information as completely as possible and include landmarks. Failure to provide this information may delay the adjudication of your claim. The city investigator will use this description to inspect the alleged defects or place of injuries



(include street, avenue or blvd/number or name of closest intersecting streets or landmarks)

Describe in detail the nature of the incident or injuries (Use a supplementary sheet if necessary).

City department affiliated w/claim
(unsure leave blank)

Witness Information
(if any)

(last)
(first)

Street Address:

City/State/Zip Code:

Vehicle Owner:
(claimant)

(last)
(first)

Drivers License #

Vehicle Plate #

Vehicle Model

Make:

Year:

Police Incident Report (attached)

(yes)
(no)

Repair receipt or itemized estimate:

(if the itemized estimate/repair receipt
is greater than \$500.00 a second opinion
may be required).

(yes)
(no)

Signature of Claimant(s)

Date:

Date:

Submit all documentation to:

**Office of the City Clerk
Boston City Hall - Room 601
Boston, MA 02201
ATTN: Claims Division**

*** Please Note:**

A \$5.00 filing fee per (Chapter 13, Ordinance of 1981). Said fee to be made part of the compensation if a decision is rendered on your behalf. Your claim will not be processed if it is not accompanied with the filing fee.

Compensation is paid only if the City of Boston is found liable. To preserve your rights, if the city does not pay your claim, you can file suit in an appropriate state court within three years (3) from the date of the incident.